MORAL PROPHYLAXIS *

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THE article which I am presenting on moral prophylaxis will be along the lines of interest not only to the general public, but especially to the nursing profession because: First, anything of importance to the medical profession belongs to the nurses; second, in your future lives you may come in contact with and be forced to give instructions to persons with venereal diseases for their own protection and the protection of others; third, the position of the graduate nurse in the public schools is becoming more and more recognized as a necessity and in this position she will be called upon to guide the boys and girls, and instruct their parents along these lines.

I hope in these articles to detail the symptoms of gonorrhœa and syphilis, and also to impress certain facts, showing the vast amount of harm and destruction of human life these two diseases are accomplishing. The facts will be given in plain terms and some of the statements may seem to be exaggerated, but the material that I am using has been compiled from well-known authors along these lines. Dr. Morrow, of New York, says: "Women—modest, refined, and most womanly of women are not offended by our plainness of speech along these lines. Their feeling is not one of outraged modesty, but of indignation, rather of resentment, that matters which so materially concern their health and the health and life of their children have always been concealed from them by the medical profession." The freedom of intelligent, refined conversation upon sexual subjects ought to be broadened; it should no longer be considered indecent to speak plainly. So any statement I make must not give offense, as I feel these details and facts should be known as they actually exist.

Venereal disease is a social problem even more than a medical question; and respects no social position and recoils before no virtue. It ramifies through every class and rank of society. It is probable that in this country the percentage of the population infected with venereal disease does not vary greatly from that in Germany, where on any single day about 100,000 people are under treatment.

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Last year over $10,000,000 were expended in the warfare against tuberculosis in this country alone. Less than one thousandth part of the sum was contributed to the war of preventing the ravages of diseases which, in respect to the character and sum total of their dangers to the public health, society, and the race, constitute a greater social scourge than tuberculosis. It has been stated that the number of persons infected with venereal disease is five times that infected with tuberculosis. Also there are every year about 400,000 young men in the United States who contract it in some form. Who can compute the number of innocent wives infected with gonorrhœa by their husbands, who the number of new-born babies infected by the secretions in the birth canals of their mothers, who the number of little girls with gonorrhœal vaginitis due to the dirty fingers of their caretakers?

Howard Kelly, of Baltimore, states: "It must be known and recognized that these venereal diseases are far more contagious, far more widespread, and far more important economically than the dreaded tuberculosis which we are beginning to treat so sensibly."

In order to take up these subjects somewhat systematically I will describe the symptoms of syphilis first, followed by those of gonorrhœa and ophthalmia neonatorum; then some of the social aspects of these diseases and the education problems undertaken.

SYPHILIS

Syphilis is a far more prevalent disease than the majority of physicians suppose and is frequently overlooked by the family physician through his lack of familiarity with its various phases. Among the triad of human scourges—tuberculosis, alcoholism, and syphilis—the last one might prove the most devastating, if statistics could be made available as in tuberculosis. Syphilis is undoubtedly on the increase, and many estimable, respectable people acquire the disease innocently and for a long time are unaware of its presence.

There are probably not less than 50,000 new cases of syphilis in the city of New York each year; one of the leading dermatologists of that city made the statement a couple of years ago, that among the better class of families which he knew intimately, either as a physician or friend, at least one-third of the sons of adult age had syphilis. Morrow says, "90 per cent. of all cases of locomotor ataxia, and 80 per cent. of general paralysis or the paralysis of the insane are of syphilitic origin." Of abortions 42 per cent. are due to syphilis, and 60 to 80 per cent. of the results of syphilitic impregnation die in utero. The annual average of deaths from syphilis has increased from 4.1 per cent. in 1901

to 5.4 per cent. in 1908 per 100,000. In France 20,000 children die yearly from syphilis. New York is estimated to have 200,000 syphilitics.

The disease is usually spread by means of sexual intercourse, but may be acquired innocently from the use of drinking glasses, soiled handkerchiefs or towels, cigars, pipes, whistles, dental instruments, toothpicks, kissing, etc. Many physicians are infected in the practice of surgery and obstetrics. Those who acquire the disease innocently usually innocently infect others, as in the passing of the drinking water in public places.

Acquired syphilis is a constitutional disease and belongs to what is known as the infective granulomata, being in the same class as tuberculosis. By constitutional disease we mean that the removal of the original sore or chancre will not check nor modify the course of the disease. As in typhoid fever, smallpox and other infectious diseases some patients have severe attacks, while others, owing to personal resistance, virulence, or quality of the virus absorbed, may have scarcely-noticeable symptoms.

Infection always takes place in a manner similar to vaccination, but the changes produced by the absorption of the virus is slower. The period from the time of infection to the appearance of the first sore or chancre lasts about two or three weeks. During this period, and for a short time after the appearance of the chancre, there are no constitutional symptoms, nothing whatever, as a rule, to indicate an infection until the appearance of the sore.

For the sake of convenience the symptoms of syphilis are divided into three stages. The primary stage includes the time from the moment of infection to the outbreak of general symptoms and lasts 8 or 10 weeks. The chancre is the first manifestation of the syphilitic poison at the seat of its entrance into the body. When the poison is first inoculated under the skin, it is too small in quantity to produce any symptoms; but the poison increases in amount and after two or three weeks have passed the quantity is so great at the point of inoculation, that the tissues react and the chancre appears. The chancre begins with an erosion or papule which undergoes superficial ulceration. It is usually hard to the touch with a smooth shining red floor, covered with a slight deposit. Its secretion is scanty and slightly purulent. Pain in a chancre is absent and, unlike other ulceration, healing takes place without leaving much of a scar and in some cases there seems to be no scar at all.

The secondary stage begins when the eruption, mucous patches, and alopecia make their appearance, and lasts from 6 to 18 months or about one year on the average. The principal diagnostic points of this stage are

the various rashes, enlargement of the glands, and alopecia together with the constitutional symptoms.

As to the rashes or, as they are termed, "syphilides" it is well to remember that they may simulate all types of eruptions and are seldom itchy. There may be and frequently are more than one type of eruption present at the same time, and they are always symmetrical. That is, if you find the eruption on one arm you will find it on the same part of the other arm; and if on one leg, there will be a corresponding eruption on the other leg. The tendency of the eruption is to arrange itself into rings or parts of rings and they have a coppery color due to the deposit of blood pigment. As to location, their preference seems to be for the palms of the hands, soles of the feet, forehead, neck, trunk, and the flexor surfaces of the extremities; and rarely, on the face, backs of the hands, and tops of the feet. The rash is usually a simple roseolar eruption, not raised above the skin, but may be papular, vesicular, or even pustular.

As to the enlargement of the lymphatic glands, the glands nearest the chancre show the first enlargement and are firm and hard, freely movable under the skin, cause no pain and rarely suppurate except in strumous or weak patients.

The mucous patch is one of the most constant lesions of secondary syphilis. It makes its appearance about the same time that the eruption is observed. In the earliest stages the patch appears as a pearly round spot upon the mucous membrane of the mouth, entrance to the vagina, margin of the anus, or under the female breast. Its development may occur wherever the skin is thin and delicate and kept moist by secretions. After awhile ulceration of these patches takes place.

In many cases of secondary syphilis the hair falls out to a greater or less degree and may include all the hair of the body, but consists in a patch baldness of the scalp, the hair falling out in small patches of the size of a finger nail. In some cases there is only a general thinning of the hair without the formation of any distinct bald patches.

The constitutional symptoms occurring in the second stage are malaise, mild fever, anorexia, headache greater at night than in daytime; pains in the joints, with or without swelling, also pains down the front of the legs, which pains are also increased at night.

The tertiary or third-stage lesions are said to occur in from 5 to 40 per cent. of all cases of syphilis. Individuals who are strong and well nourished and who are systematically treated for a sufficient length of time rarely develop tertiary symptoms. The most usual time for their appearance is from three to five years after infection, although they

may appear as late as fifty years, and during the time intervening the patient may be entirely free from symptoms.

The lesions of this stage also have their own characteristics. They only attack a limited space: they have a tendency to extend and cause destruction of tissue with formation of scar tissue, and subsequent contraction of this scar tissue; they do not tend to spontaneous recovery as in the second stage, but rather to break down and ulcerate and also extend deeply into the tissues.

The most common skin manifestations of this stage are the gumma or tumor formation; the tubercular syphilide and the rupia or as it is sometimes called "oyster shell" syphilide on account of the fact that its layers are formed as in the oyster shell.

It is in the third stage that we see syphilis as the most prevalent cause of paresis and locomotor ataxia and of other destructive lesions of the nervous system. The more thoroughly the histories of the insane are being studied, the more is syphilis looming up as a causative factor. We must also think of the bearing of syphilitic endarteritis (a third stage lesion) upon cerebral apoplexy, insanity, aneurism, and gangrene; of the action of syphilis as a cause of kidney disease and cerebral softening.

HEREDITARY SYPHILIS

Of all the grave consequences of syphilis, none are so serious as those of heredity. Heredity syphilis differs in no wise in character from the acquired disease, but there is no chancre. About 14 per cent. of infected children die during the first year, about 25 per cent. grow up to adult life, very, very many die in utero and become one of the chief reasons why women miscarry.

In this form of syphilis we note pain as one of the main symptoms. Infants cry usually from hunger or pain. An inherited syphilis causes pain generally in the region of the epiphyses, to such an extent that the children scream or moan incessantly. This constant crying day and night may be the only manifestations of constitutional syphilis. Under antisyphilitic treatment the child soon ceases its crying. They usually commence to cry from the second to the fortieth day of life, screaming when they are moved, and crying being specially severe at night.

Syphilis in the parents has a more injurious influence on the physical and mental development of the offspring than is observed with any other disease. Even when inherited syphilis does not manifest itself as such, it may render the children physically and morally unfit for their proper places in society. The severity of the syphilitic infection at birth

seems to be of supreme importance for the later fate. Children with pronounced symptoms soon after birth do not grow up healthy. The cause of many cases of defective physical, mental, and moral development may remain a mystery until suddenly cleared up by the discovery of a history of syphilis in the parents. When we note that several children in one family display this nervous irritable tendency, a family history of syphilis should be suspected.

There are a few facts regarding syphilis that I wish to be especially remembered:

It is constitutional, affecting every organ and tissue.

It is either acquired or inherited.

The first evidence of acquired syphilis is the initial lesion in the form of a chancre.

The secondary manifestations of the acquired form, as well as the chancre, are powerfully infectious.

The tertiary lesions, while not clinically infectious, have no tendency toward spontaneous cure, but always toward destruction of tissues.

The acquired form is usually conveyed in sexual congress and hence is called venereal.

SYPHILITIC TREATMENT

I wish here to say a few words as to the treatment of this disease. There is one drug and one drug only which, when properly used, has been considered a specific. This drug is mercury, which has been used since more than 2000 years before Christ. No antisyphilitic treatment should be administered in a suspected case until the appearance of the secondary symptoms, for several reasons; it is necessary to be absolutely positive of the diagnosis, and then it has been proved that active treatment during the stage when the chancre is present will cause the secondary stage to be very light and the third stage symptoms to be severe. Syphilis can be cured and cured permanently in the majority of cases, but the laity and, it would seem, some of the medical profession also, do not sufficiently appreciate the importance of a full and perfect treatment not only until the external evidences of the disease have disappeared, but until sufficient time has elapsed for the complete elimination of the poison from the system, two, three, four, or even five years,—never less than two years.

SYPHILIS AND MARRIAGE

The relation which the question of marriage bears to syphilis is an important one. The fathers of marriageable daughters should know that dissolute men often make dangerous husbands; that the man who

has been licentious in his habits before marriage is more likely to bring ruin than happiness to his daughter, and that the habits and sexual health of his prospective son-in-law are quite as important to consider as his financial and social position. The men who are responsible for the introduction of venereal diseases into marriage and the consequent wreckage of the lives of innocent wives and children are not, as a rule, the confirmed debauchee, but, for the most part, men who have presented a fair exterior of correct and regular living—often men of good business and social position—not infrequently what are considered the "good catches" of society. Marriage should not be permitted until at least one year has passed during which no symptoms of syphilis have appeared.

(*To be continued*)

THE SLIDING SCALE OF CHARGES FOR PRIVATE NURSES

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Is it not time for the nurses to consider whether it is necessary or desirable to accept the situation that at present exists, of allowing the fee received at the beginning of their careers to mark their maximum achievement?

Logically the charge for a nurse's services would vary according to the length of time she has spent in preparation for her work, the prestige of the school from which she is graduated, the demand there is for her services, and the financial circumstances of the people among whom she works. As a matter of fact, however, the charges are so nearly "fixed" that we find all sorts and conditions of nurses asking the maximum price of the locality in which she practises.

It seems manifestly illogical that the clever, well-trained woman, who is employed by the famous practitioner for his critical cases, should be receiving the same compensation as the new, untried graduate, and no more than she received herself in the years of her crudity as a private nurse. After having done private work long enough to have acquired adaptability and confidence in meeting the varied situations that she must work in, isn't the nurse worth more to her patients and the doctor than when she first left the hospital? If she is, why should she not